2
41
39
26330

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27638

Registration District No. 1 | Primary Registration District No. 1 | Registrar's No. 241

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4 Community Nurses Home
4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One day (Specify whether years, months or days)
In this community 61 Years

2. USUAL RESIDENCE OF DECEASED: 1 2 2

(a) State Missouri (b) County Adair

(c) City or town Kirksville
(If outside city or town limits, write "RURAL")

(d) Street No. 511 South First Street
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Florence Flynn

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex 1 female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed W

6. (b) Name of husband or wife Frank W. Flynn

6. (c) Age of husband or wife if alive ... years

7. Birth date of deceased Unk (Month) .. (Day) 1880 (Year)

8. AGE: Years 61 | Months Unk | Days | If less than one day ... hr. ... min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Mose Hall
13. Birthplace Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Lizzie Hibbets
(b) Address 511 S First St Kirksville Mo

17. (a) Burial Highland Park (Burial, cremation, or removal) (b) Date thereof Aug 16 .41 (Month) (Day) (Year)
(c) Place: burial or cremation Highlan Park Cem

18. (a) Signature of funeral director Dee Reley
(b) Address Kirksville Mo

19. (a) Aug 25/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature) 2

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15
year 1941 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug. 13, 1941, to Aug. 15, 1941; that I last saw her alive on Aug. 13, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Vaso motor Collapse	
Due to: Cerebral Hemorrhage	3 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 83 A 1	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature Richard G. Hoke (M. D. or other) D.O.
Address Community Nursing Home Date signed 8-15-41

RECEIVED
District Health Officer No. 10
District File Number 9-41-1655
Date Filed SEP 16 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Dee Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.